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AUTHOR Geiger, Brian F.; Myers, Ouida; Atchison, Jody H.; LaFollette, Judy L.

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ABSTRACT

This paper describes the development of an updated state curriculum for health education in Alabama. The process involved: (1) selecting 24 members to the Health Education and Physical Education State Course of Study Committee; (2) forming two working subcommittees (for health education and physical education); (3) understanding task requirements as specified by the Alabama State Board of Education; (4) determining the direction and focus of the Course of Study; (5) drafting K-12 health literacy goals and content standards using the National Standards for Health Education as a guide; (6) building community support for proposed curriculum goals and content standards through public hearings and access to the draft document; and (7) presenting to the Alabama State Board of Education a draft document reflecting consensus standards in January 1997. The document was adopted the following month. After detailing the seven steps, the paper discusses difficulties in the process of writing the course of study, which included inability to reach consensus, varying levels of understanding about school health programs, perceived mistrust of some members' unspoken agendas and expertise, and lack of shared purpose guiding committee work. The paper concludes by describing how the group overcame these difficulties and developed the course of study. (SM)

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Developing Health-Literate Citizens through the Alabama Course of Study in Health Education: Moving from Facts to Actions

An article submitted to the *ERIC*, August 2000

Brian F. Geiger, EdD[1], Ouida Myers[2], Jody H. Atchison, M.A.[3], and Judy L. LaFollette, Ed.S.[4]

[1]*Corresponding Author*: University of Alabama at Birmingham, School of Education, Room EB 207, 1530 3rd Avenue South, Birmingham, AL 35294-1250, (205) 934-8326, Fax (205) 975-8040, Email bgeiger@uab.edu. Dr. Geiger is an Associate Professor of Health Education. He teaches undergraduate and graduate-level students enrolled in teacher certification and community health promotion degree programs. He is a health curriculum trainer for the Alabama State Department of Education and past-Chair of the Alabama Coalition for School Health.

[2]Alabama State Department of Education, Office of Technology Initiatives, Gordon Persons Building, 50 North Ripley Street, Montgomery, AL 36130-2101, Email omyers@sdenet.alsde.edu. Ms. Myers is a Technology Specialist with the Alabama State Department of Education.

[3]American Lung Association, Alabama Chapter, 900 18th Street South, Birmingham, AL 35205-3712, (205) 933-8821. Mrs. Atchison is a Health Educator employed by the American Lung Associate and retired middle school health and physical education teacher.

[4]P.O. Box 86, Five Points, AL 36855, (334) 864-0362. Mrs. LaFollette is a retired school system curriculum supervisor, coordinator of special education, and experienced health teacher.

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The State Board of Education and the governor appointed a course of study committee of Alabama educators, private citizens, and representatives of business and industry to revise and update the state curriculum framework for health education. Our task was complicated, since we did not agree about the purpose and benefits of health instruction. In Table 1 are the seven steps of the process we followed to reach our goal: selecting committee members, forming working subcommittees, understanding laws, regulations and graduation requirements, writing learning goals and content standards, and building group consensus and community support.

Our **first step** to develop a new course of study was the selection of 24 members to the Health Education and Physical Education State Course of Study Committee. The Alabama legislature established the course of study selection process for all content areas. The Alabama State Board of Education and governor jointly appointed these committee members during the winter of 1996. The Board of Education selected committee members to represent elementary, high school, administrators, and teacher-educators in each board district. In addition, private citizens and professionals from business and industry were included on the committee.

Step 2 was the formation of two working subcommittees, one for health education and one for physical education. During initial meetings, members of the Health Education and Physical Education State Course of Study Committee specified a subcommittee preference. One subcommittee was composed of 16 experienced health educators and interested professionals (HES); the other included eight classroom and college physical educators (PES). Each subcommittee elected a Chair to facilitate working meetings and to serve as a liaison to the State Department of Education.

In Table 2 is the initial composition of the Health Education Subcommittee (HES). Our subcommittee included 16 members: seven early childhood, intermediate, middle, high school, and college educators, three school system administrators, and six citizens and professional

representatives of business and industry. Each of the citizen members who were not professional educators selected the HES, rather than the PES. Some were more familiar with general health issues, while others had limited knowledge of the scope of a school health curriculum. The composition of the HES changed at the conclusion of the process, because of the resignation of a citizen member due to differences of opinion.

Our **third step** was to understand task requirements as specified by the Alabama State Board of Education. Professional staff of the State Department of Education explained to us essential state laws, regulations, and resolutions that affect health education. Our purpose was to revise and update the state curriculum framework for health education, since the existing course of study was written in 1988. Our challenging goal was to develop a consensus document of minimum content standards which would be implemented during the 1998-99 academic year.

Step 4 was to determine the direction and focus of the Course of Study. Our directions were to plan for the future since the course of study will not be revised again until the year 2003. We carefully reviewed the professional health and education literature. HES members received assistance from a Health Education Specialist from the Alabama State Department to secure reference documents including health education courses of study from other states.

Our **fifth step** was to draft health literacy goals and content standards for grades K-12 using the National Standards for Health Education as a guide. We understood our charge from the State Board of Education was to develop minimum, not exhaustive standards for classroom health teachers. Together, we practiced the art of writing sample curriculum goals and content standards, i.e., instructional objectives.

Our first few drafts were far too cumbersome; content standards were beyond minimum content. Writing objectives for application rather than just knowledge was one of toughest challenges of the entire process. HES members continually reviewed standards for clarity and comprehension. We omitted excessive content and unreasonable expectations for students.

In Table 3 is a comparison of the differences between the 1997 Alabama Course of Study: Health Education and the 1988 Course of Study. Improvements to the state curriculum framework in 1997 were possible due to advances in the field of health education, and dedicated participation of experienced classroom teachers as HES members. The goal of the K-12 health education program is to produce health-literate citizens who can obtain, interpret, and understand basic health information and services and competently use such information and services in ways that enhance health. Seven health literacy goals provide the foundation for health instruction in grades K-12. These goals are compatible with the National Health Education Standards written by the Joint Committee on Health Education Standards in 1995.

We listed the essential health knowledge, skills, behaviors, and attitudes as content standards in the new Alabama Course of Study: Health Education. The standards describe the minimum health education content that students should know and be able to do by the end of each grade level or course. These content standards also provide opportunities for students to participate in community service and to develop character traits that complement the development of healthful attitudes.

The emphasis on students' application of health knowledge is a significant difference between the current Alabama Course of Study: Health Education and prior courses. Realizing that knowledge by itself does not change health behaviors, we desired to provide students with opportunities to gain health knowledge, to practice effective health skills and behaviors, and to develop attitudes that promote healthful living. This difference reflects current research in disease prevention, in health promotion, and in effective instructional practices for health education.

The content standards of the Course of Study target the six major categories of behaviors that most influence adolescent health:

1. Behaviors that result in unintentional and intentional injuries
2. Tobacco use
3. Alcohol and other drug use
4. Sexual behaviors that result in HIV infection, other sexually transmitted infections, and unintended pregnancy
5. Dietary patterns that contribute to disease
6. Insufficient physical activity

In grades K-4, the curriculum targets the prevention of behaviors that result in infection and infestation rather than sexual behaviors.

The **sixth step** was to build community support for the proposed curriculum goals and content standards through public hearings and access to the draft document. The final and **seventh step** was to present to the State Board of Education a draft document that reflected consensus standards in January of 1997. The Alabama State Board of Education adopted the Alabama Course of Study: Health Education during the following month.

Following seven steps seemed to be a simple task, however the process was cumbersome. We found it quite difficult to reach consensus with 16 group members. Subcommittee members vehemently disagreed about the scope and content of health instruction for Alabama's children.

Some desired an expanded curriculum framework from the 1988 Alabama Course of Study: Health Education, while others desired to restrict health content to only a few topics. We frequently debated inclusion of controversial content areas such as human sexuality education, family life, use of drugs and alcohol, and mental health.

It seemed that health content was inextricably tied to political beliefs. At times, HES members expressed frustration due to a lack of progress. After several working meetings, we had still not written draft goals and content standards. We wondered if we could reach our goal of writing a new course of study for Alabama's public schools.

The HES facilitator and professional staff of the Alabama State Department of Education identified several obstacles to be addressed before we could progress to writing a course of study: 1) different levels of knowledge about school health programs; 2) perceived mistrust of some members' unspoken agendas and expertise; and 3) lack of a shared purpose guiding committee work. Understanding group dynamics was essential to our success.

Initially, we had to establish a common understanding of the purpose and outcomes of comprehensive or coordinated school health (CSH) programs. Many informational resources were helpful to establish the need for CSH programs in Alabama public schools. The list of suggested readings was used to organize preliminary ideas and draft state content standards.

We decided to attend state, regional and national professional meetings and conferences to become more familiar with CSH programs. Seven Alabama health educators completed a ½-day workshop on the National Health Education Standards during the 1996 American Association for Health Education Annual Meeting. After returning to Alabama, we conducted an inservice education program on the standards for the other members of the HES.

Before we could proceed, we had to learn to value the contribution of each HES member. In the beginning, spoken and unspoken disagreements halted our progress. Soon it became apparent that we would not have identical opinions related to CSH programs.

We borrowed an idea from the ongoing peace negotiations between the Israelis and Palestinians. In the Middle East, mediators built treaties from points of agreement. They held in common a vision of fewer armed conflicts and safer communities for children.

The foundation for our work was a shared and passionate interest in creating healthy children and health-promoting communities. We agreed to respect all beliefs and reach consensus by developing a curriculum framework that did not reflect either extreme, liberal or conservative. We worked to build trusting relationships before agreeing on curriculum content.

Each month we met for two to three days of intensive working meetings. We focused on interpersonal relationships, i.e., learning about each member's family and educational background, professional experiences, personal goals, and interest in joining the HES. We learned to see beyond stereotypical beliefs and preconceived notions related to occupation, political beliefs, age, and gender. Large and small group discussions, shared meals, personal telephone calls, and directed mailings were helpful to establish working relationships. In some cases, we had to end large groups meetings in favor of more intimate and informal discussions between HES members. We learned to laugh, cry, and argue and then return to our work.

Surprisingly, some HES members displayed dramatic changes in attitude and behavior during the ten months we spent developing the course of study. Several initially opposed the entire concept of CSH programs. They viewed health content areas as controversial or as less important than language arts, social studies, mathematics, or science. Later, these same members personally testified in favor of the consensus curriculum goals and content standards to the Alabama State Board of Education. Several described a new degree of respect for the knowledge and professionalism of public school educators.

The draft health literacy goals and content standards were reviewed by the eight classroom and college physical educators who formed the Physical Education Subcommittee. PES members worked to insure that the Health Education course of study did not duplicate the curriculum framework for physical education. HES and PES members cooperated to develop complementary courses of study.

In addition, two neutral university faculty members were selected by the Alabama State Department of Education to review the document prior to presentation to the Alabama State Board of Education. Content reviewers provided oral and written feedback to us during the winter of 1997.

Another area of difficulty was obtaining community support. We firmly believed that the purpose of a state course of study was to provide a framework to local school systems for development of more specific health education curricula. Teams of classroom teachers, school administrators, parents, and community leaders should jointly develop local curricula.

We decided to solicit input from local education agencies to drafts of the proposed health education course of study. During the writing process, we mailed two drafts of the health literacy goals and content standards to each Alabama school superintendent. A cover letter from the State Superintendent of Education encouraged local superintendents to circulate copies to the members of the local health curriculum committee. Many formed or reconvened curriculum committees and provided helpful written feedback to the state HES and PES.

Draft copies were also mailed to university, college, and local public libraries designated as state education depositories. We solicited written, telephone, and fax comments from local education agencies, university and college faculty, and professional health organizations and agencies in response to the draft course of study. The HES facilitator routinely answered many queries from professional health organizations and education agencies.

We also held six public hearings across the state of Alabama at local schools, school board offices, and community organizations. Hearings were advertised in regional newspapers and were open to any interested citizen. Each HES member hosted a local hearing in his or her home community.

Public comments in favor of, and opposed to, the draft curriculum framework were tape recorded and transcribed. We distributed copies of all comments to the HES. Many suggestions were incorporated into later drafts of the curriculum framework.

The agenda for the February 1997 meeting of the Alabama State Board of Education included public consideration of the draft Courses of Study: Health Education, Physical Education, and Mathematics. Any advocate or opponent could request a 10-minute period to

testify about the draft documents. Media representatives were on-hand to record the results of State Board deliberations.

These careful attempts to involve all interested citizens in the development of the course of study did not prevent opposition. We learned of minority opposition to the draft document, a couple of days prior to the scheduled meeting of the state board of education. A single dissatisfied HES member threatened to remove her name from the consensus document unless we altered the content to suit her personal preferences.

The other HES members responded by inviting representatives of public schools, colleges, universities, and professional health organizations to submit oral and written testimony in support of the course of study. On the day of the state board meeting, the Vice-Chair of the State Board of Education received a large stack of letters and faxes in support of the draft document. (The Governor is the Chair and was not in attendance.) The majority of board meeting registrants also testified in support of the innovative Alabama Course of Study: Health Education. The Alabama State Board of Education unanimously approved the document with only minor revisions.

We followed seven steps to develop an innovative state curriculum framework for health instruction. Equally important to the seven steps were the methods used by HES members to build trust and consensus and solicit community support. The Alabama Course of Study: Health Education was implemented in public schools during the 1998-99 academic year. The curriculum framework is a flexible and enduring document that will guide the development of local health curricula until the year 2003.

We recognized that the health education curriculum is but one essential component of a CSH program. An effective CSH program links nutrition services, health services, counseling, psychological and social services, health education and promotion for students, faculty, and staff, collaboration between school and community groups, physical education, and safe and healthful

school environments. Through a CSH program, these linkages produce tangible benefits, i.e., health-literate citizens.

HES committee members were not idle after formal adoption of the Alabama Course of Study: Health Education. HES members volunteered to conduct regional pre- and in-service education workshops. The purpose of the workshops was to increase understanding of the required state curriculum content as part of a planned CSH program. Since February of 1997, nearly three dozen free workshops have been held in cities and towns across the state of Alabama. We invited pre-service educators, classroom teachers, school administrators, college and university faculty, and personnel from professional health organizations and agencies, e.g., American Cancer Society, American Red Cross, Alabama Department of Public Health. We presented programs at state and national professional meetings and teaching ideas were developed based upon the course of study.

Suggested Readings

Alabama State Department of Education Curriculum Assistance Section. (1997). *Alabama Course of Study: Health Education*. Montgomery, AL: Author, Bulletin 1997, Number 5.

American Medical Association. (1990). *American Medical Association Profiles of Adolescent Health*. Chicago, IL: AMA.

Barth, R.P. (1993). *Reducing the Risk: Building Skills to Prevent Pregnancy, STD & HIV*. Santa Cruz, CA: ETR Associates.

Educational Research Service. (1995). *Handbook of Research on Improving Student Achievement*. Arlington, VA.

The Gallup Organization. (1994). *Values and Opinions of Comprehensive School Health Education in U.S. Public Schools: Adolescents, Parents, and School District Administrators*. Atlanta, GA: American Cancer Society.

Jemmott, L.S., Jemmott, J.B., McCaffree, K.A. (1994). *Be Proud! Be Responsible!* NY: Select Media.

Joint Committee on National Health Education Standards. (1995). *National Health Education Standards*. Washington, D.C.: American Cancer Society.

Meeks, L., Heit, P., Page, R. (1996). *Comprehensive School Health Education, Second Edition*. Blacklick, OH: MeeksHeit Publishing Company.

National Education Association Health Information Network. (1995). *School-Based HIV, STD, and Pregnancy Prevention Education: What Works?* Washington, D.C.

Public Health Television Network. (1996). *Nutrition: Making a Difference in Schools*. Atlanta, GA.

U.S. Department of Health and Human Services. (1991). *Healthy People 2000. National Health Promotion and Disease Prevention Objectives*. Washington, D.C.

U.S. Department of Health and Human Services National Centers for Disease Control. (1992).

Chronic Disease and Health Promotion Reprints from the MMWR: 1990 Youth Risk Behavior Survey. Atlanta, GA.

U.S. Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Maternal and Child Health Bureau. (1992). *Healthy People 2000. National Health Promotion and Disease Prevention Objectives Related to Mothers, Infants, Children, Adolescents, and Youth*. Boston, MA: Jones and Bartlett Publishers.

U.S. Department of Health and Human Services Centers for Disease Control. (1992). *Suicide Surveillance Summary Report 1980-1990*. Atlanta, GA.

U.S. Department of Health and Human Services National Centers for Disease Control. (1994, Update). *Ten Leading Causes of Death in the United States*. Atlanta, GA.

U.S. Department of Health and Human Services. (1996). *Healthy People 2000. Midcourse Review and 1995 Revisions*. Boston, MA: Jones and Bartlett Publishers.

U.S. Department of Health and Human Services, Public Health Service. (1996). *National Center for Health Statistics. Annual Report*. Washington, D.C.

Endnotes

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Step	*Task*	*Deadline*
1	Selection of 24 members of the Health Education and Physical Education State Course of Study Committee	April, 1996
2	Form two working subcommittees (Health Education and Physical Education)	May, 1996
3	Understand task requirements from the AL State Board of Education	June, 1996
4	Determine the direction and focus of the course of study	July, 1996
5	Draft health literacy goals and content standards for grades K-12	January, 1997
6	Build community support for the proposed course of study	January, 1997
7	Present to the State Board of Education a draft document reflecting consensus	February, 1997

Table 1: A Seven-Step Process Used to Develop a New Health Education Curriculum Framework

Number of Representatives	*Job Title*
6	Classroom teacher
1	University health education faculty member
1	Local school system superintendent
1	Child nutrition program supervisor
1	Curriculum supervisor and federal programs coordinator
1	Medical office manager
1	Licensed psychologist
1	Housewife
1	Housewife and former classroom teacher
1	Medical director of hospital adolescent unit
1	Nurse (*retired*)*

*resigned in February of 1997

Table 2: Composition of the Health Education Subcommittee of the Alabama Health Education and Physical Education State Course of Study Committee

1997 Course of Study	*1988 Course of Study*
Concise minimum content of 83 pages to allow for local flexibility and expansion	Lengthy content of 249 pages with too many objectives for available instructional time
Introduction specific to the state of Alabama describing important changes in the field of health education since 1988	Introduction, rationale, and selected characteristics described a generic health instruction program
Includes an illustration of goals related to the concept of health literacy and describes the curriculum framework	Lacks and illustration of the instructional program and explanation of the curriculum framework
Directions include sample teaching strategies and student assessment methods	Text lacks directions for effective use of the document
Content organized by health literacy goals; Standards and examples offer clarity of instructional outcomes	Content organized by traditional health topics; Student expectations not always clearly stated
Objectives stated for the required program, grades K-8, and the secondary ½-unit separately	Objectives stated for every grade K-12
Objectives require learning and applying knowledge to build skills for health promotion	Majority of objectives were focused on learning health information; little student application
Appendix contains general requirements; Specific requirements included in the body of the document for easy reference	Includes health-related laws and policies in the only in the appendix
Glossary included to define terms and provide clarity	No glossary of important terms

Table 3: A Comparison of the 1997 to 1988 Alabama Courses of Study: Health Education